

Department of Human Services
OFFICE OF CHILDREN AND ADULT LICENSING

REQUEST FOR CHILD DAY CARE FORMS

MAIL REQUEST TO: Michigan Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2 nd Floor P.O. Box 30650 Lansing, MI 48909-8150 OR FAX to: (517) 335-6121	MAIL FORMS TO: (LICENSEE) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Facility Name</td></tr> <tr><td style="padding: 2px;">Street Address</td></tr> <tr><td style="padding: 2px;">City/State/Zip</td></tr> <tr> <td style="padding: 2px;">License #</td> <td style="padding: 2px;">Capacity</td> </tr> <tr><td style="padding: 2px;">Phone #</td></tr> </table>	Name	Facility Name	Street Address	City/State/Zip	License #	Capacity	Phone #
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Phone #								

FAMILY AND GROUP DAY CARE HOMES

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	OCAL-3731	
Licensing Medical Clearance Request	OCAL-3704	
Licensing Record Clearance Request	OCAL-1326	
Medication Permission Slip	OCAL-1243	
Child In-Care Statement	OCAL-3900	
Incident, Accident, Illness, Death or Fire Report	OCAL-4603	
Licensing Rules for Family and Group Day Care Homes	OCAL PUB 724	

DAY CARE CENTERS

NAME OF FORM	FORM #	QUANTITY
Child Information Cards	OCAL-3731	
Licensing Medical Clearance Request	OCAL-3704	
Licensing Record Clearance Request (for program director)	OCAL-1326	
Incident, Accident, Illness, Death or Fire Report	OCAL-4603	
Licensing Rules Child Care Centers	OCAL PUB 8	

OCAL-3305 Health Appraisal (children) - This form can only be downloaded from the Internet (web address above) and copied or ordered from DCMH at **517-335-9387**.

Some forms may be **downloaded** from our web site [www.michigan.gov/dhs].
All OCAL forms may be reproduced.